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THE UNITED	STATES, Dr.,	Pag	yee's Account No.						
To		Eas	stman-Kodak Co	mpany					
			(Payee) Rochester 4,				7		
		ldress)	(City)	(S	tate)				
No. and Date of Order	Date of Delivery or Service	(Enter description	ARTICLES OR SERVIC n, item number of control d other information dee	ES act or Federal su	pply	OHANTITY	UNIT	PRICE	AMOUN
	or Service	Discount Terms	d other information dee	med necessary) NOICE NO	•	QUANTITY	Cost	Per	Dollars
			Supplement Bu. Vou. I Cr. Memo I	No.	#5 6 7			•	467 2, 054 (496
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